

NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #
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I. TYPE OF NOTIFICATION (O=ORIGINAL R=REVISED C=CANCELLED): WPR Notice?

II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)

OWNER NAME:

ADDRESS:

CITY:	STATE:	ZIP:
CONTACT:		TEL:

REMOVAL CONTRACTOR:

ADDRESS:

CITY:	STATE:	ZIP:
CONTACT:		TEL:

OTHER OPERATOR:

ADDRESS:

CITY:	STATE:	ZIP:
CONTACT:		TEL:

III. TYPE OF OPERATION (D=DEMO O=ORDERED DEMO R=RENOVATION E=EMER.RENOVATION):

IV. IS ASBESTOS PRESENT? (YES/NO)

V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)

BLDG NAME:

ADDRESS:

CITY:	STATE:	COUNTY:
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SITE LOCATION:

BUILDING SIZE:	NUM OF FLOORS:	AGE IN YEARS:
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PRESENT USE: PRIOR USE:

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		INDICATE UNIT OF MEASUREMENT BELOW	
		CAT I	CAT II	UNIT	
1. REGULATED ACM TO BE REMOVED				LnFt:	Ln m:
2. CATEGORY I ACM NOT REMOVED				SqFt:	Sq m:
3. CATEGORY II ACM NOT REMOVED				CuFt:	Cu m:
PIPES					
SURFACE AREA					
VOL RACM OFF FACILITY COMPONENT					

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: COMPLETE:

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: COMPLETE:

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NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:

Address

City:

State:

Zip:

Contact Person:

Telephone:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name:

Location:

City:

State:

Zip:

Telephone:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

(Signature of owner/operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of owner/operator)

(Date)